

STARBRIGHT PRESCHOOL

3900 Valley View Road Austin, Texas 78704 (512) 441-5253

Wait List Application and Contract of Deposit Form

I would like to place my child _____ on the wait list at Starbright.

- I understand that the wait list is unpredictable and that the wait could be two or three years.
- I am enclosing a \$50.00 **non-refundable** fee to secure a place on the Starbright Wait List. (I understand that I will not be placed in line on the Wait List without both this form and the deposit.)
- I have chosen a preferred start date for my child.
- I understand that most openings occur during the summer or early fall.
- **I understand that Starbright will only be able to hold an offered space for 48 hours.** If I do not confirm my intent to enroll my child within 48 hours of the offered space I will lose that offered space. It will then be my responsibility to inform the school if I wish to be placed back on the Waitlist.
- I understand that if an opening is offered and refused, if I wish to continue on the wait list that I will be moved to the bottom of the list. It is my responsibility at that point to renew my intentions by phone at regular intervals.
- I understand that there is **no guarantee** that an opening will be available on the preferred start date. Openings are filled as they become available. The school cannot hold an unpaid space.
- I understand that applying for a part time opening does not guarantee the first choice of days and hours.
- I understand and agree to Starbright's Fees and Tuition.

Openings are offered as they become available (**sometimes before the preferred start date**) based on

- the position in line
- the date of this application
- the child's age

The parent(s) must sign this form.

Parent Signature _____ Parent Signature _____

Date _____ Date _____

Child's Name _____ Date of Birth _____

Enrollment Starting Date Preferred _____

Parent/Guardian _____ Phone (home) _____

Phone (work) _____ Cell _____ Email _____

Address _____ Zip _____

Parent/Guardian _____ Phone (home) _____

Phone (work) _____ Cell _____ Email _____

Address _____ Zip _____

Attendance Option Preferred: M W F ____ T Th ____ M - F ____ Any days that are available ____

It is possible to combine early & late pickup times. Attendance Hours: 7:00 – 2:30 ____ 7:00 – 6:00 ____ 2:30 – 6:00 ____

Comments: _____

Office Use: Check # _____ Received _____ Amount _____